

OCT - 3 2001



K013009

SYBRON DENTAL SPECIALTIES

Section III - 510(k) Summary of Safety and Effectiveness

Submitter:

Sybron Dental Specialties, Inc.
1717 W. Collins Avenue
Orange, California 92867
(714) 516-7484 - Phone
(714) 516-7488 - Facsimile
Colleen Boswell - Contact Person

Date Summary Prepared: August 2001

Device Name:

- Trade Name – *belleGlass HP DC Opaceous Dentin LCTE 2*
- Common Name – Dual Cured Indirect Composite Restorative Material
- Classification Name – Tooth Shade Resin Material, per 21 CFR § 872.3690

Devices for Which Substantial Equivalence is Claimed:

- Kerr Corporation, *belleGlass HP DC Opaceous Dentin LCTE*

Device Description:

belleGlass HP DC Opaceous Dentin LCTE 2 is dual cured composite material for use with the *belleGlass HP* (heat and pressure) crown and bridge fabrication system where a more durable base for composite crowns and bridges is desired. The *belleGlass HP* crown and bridge fabrication system is comprised of all the components necessary for a dental laboratory to fabricate composite resin-based crowns and bridges and cure them using both light activation combined with a final heat and pressure curing cycle in the *belleGlass HP* automatic curing device. *belleGlass HP* was formulated to have a lower coefficient of thermal expansion to more closely match that of natural tooth dentin.

Intended Use of the Device:

The intended use of *belleGlass HP DC Opaceous Dentin LCTE 2* is for use with the *belleGlass HP* (heat and pressure) crown and bridge fabrication system where a more durable base for composite crowns and bridges is desired.

Substantial Equivalence:

belleGlass HP DC Opaceous Dentin LCTE 2 is substantially equivalent to other legally marketed devices in the United States. *belleGlass HP DC Opaceous Dentin LCTE 2* functions in a manner similar to and is intended for the same use as the original *belleGlass HP DC Opaceous Dentin LCTE* formulation that is currently manufactured by Kerr Corporation.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

OCT - 3 2001

Ms. Colleen Boswell
Director, Corporate Compliance
Syrbon Dental Specialties, Incorporated
1717 West Collins Avenue
Orange, California 92867

Re: K013009

Trade/Device Name: BelleGlass HP DC Opaque Dentin LCCTE 2
Regulation Number: 872.3690
Regulation Name: Dual Cured Indirect Composite Restorative Material
Regulatory Class: II
Product Code: EBF
Dated: August 31, 2001
Received: September 6, 2001

Dear Ms. Boswell:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

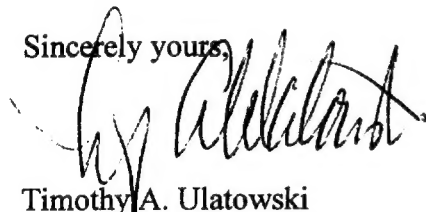
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies.

You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4613. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,



Timothy A. Ulatowski
Director

Division of Dental, Infection Control
and General Hospital Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

K013009

Section I

Indications for Use Statement

Ver/ 3 - 4/24/96

Applicant: Kerr Dental Materials Center

510(k) Number (if known): _____

Device Name: belleGlass HP DC Opaceous Dentin LCTE 2

Indications For Use:

belleGlass HP DC Opaceous Dentin LCTE 2 is a dual cured composite material for use with the *belleGlass HP* (heat and pressure) crown and bridge fabrication system where a more durable base for composite crowns and bridges is desired.



(Division Sign-Off)
Division of Dental, Infection Control,
and General Hospital Devices
510(k) Number K013009

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF
NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Per 21 CFR 801.109)
(Optional Format 1-2-96)